

**TEXAS HIGHER EDUCATION COORDINATING BOARD**

**FAMILY PRACTICE RESIDENT'S RURAL ROTATION**

**Resident's Evaluation of Supervisor**

**Directions:** This Resident's Evaluation of Supervisor form must be filled out by the participating Family Practice Resident upon completion of the one-month rural rotation.

**After the form has been completed:**

- 1) The Resident must return the Original completed evaluation to the Residency Program Director.**
- 2) The Residency Program Director must provide a copy of the completed evaluation to the Rural Rotation Supervisor.**

# FAMILY PRACTICE RESIDENT'S RURAL ROTATION

## Resident's Evaluation of Supervisor

Name of Resident \_\_\_\_\_ Date \_\_\_\_\_

Supervisor \_\_\_\_\_

Residency Program \_\_\_\_\_

Directions: At the end of the rotation, the Resident must complete the following evaluation of the Rural Rotation Supervisor, and return the completed evaluation form to the Residency Program Director. The Resident's Program Director will send a copy of this evaluation to the Rural Rotation Supervisor.

- I. Using the scale below, rate the extent to which you agree or disagree with each of the following statements regarding the supervisor in this rotation.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>SA</b>	<b>A</b>	<b>N</b>	<b>D</b>	<b>SD</b>

### In this rotation my supervisor:

- Included me in all appropriate aspects of the practice. **SA A N D SD**
- Explained/clarified the reasons for certain actions. **SA A N D SD**
- Encouraged my questions and comments regarding pertinent aspects of the practice. **SA A N D SD**
- Responded thoughtfully and informatively to my questions. **SA A N D SD**
- Allowed me direct opportunities to practice technical and problem-solving skills. **SA A N D SD**
- Was present in the practice throughout my rotation and remained accessible to me. **SA A N D SD**
- Provided constructive feedback without belittling me. **SA A N D SD**
- Provided opportunities to learn business and managerial aspects of the practice. **SA A N D SD**
- Provided adequate and appropriate supervision of my patient care. **SA A N D SD**

II. Please identify effective instructional approaches used by your supervisor:

III. Please suggest specific ways in which the supervisor could improve the experience at this rural site:

IV. Would you recommend this supervisor to your fellow residents? Yes \_\_\_ No \_\_\_

Comments (optional)

---

Resident's Name

---

F P Residency Program

---

Resident's Signature

---

Date